



BUSINESS LICENSE APPLICATION INSTRUCTIONS

PLEASE READ CAREFULLY

For questions regarding this application, please contact the Town of Fountain Hills at 480-816-5100.

Please make sure that all blanks are completed. If not applicable, mark N/A.

This application must be filed and a license issued to lawfully operate a business in the Town of Fountain Hills.

Applicant must comply with all Federal and State regulations governing the business in which he/she is engaged. Businesses must also comply with local zoning regulations and the Town Code.

Issuance of a business license by the Town of Fountain Hills shall in no way be construed as permission to operate a business that is in violation of any other law or regulation to which such activity may be subject.

The business license must be on display in some conspicuous place or location within the place of business.

The licensee shall inform the Town Clerk's office in writing of any changes in business information or uses within 30 days.

When more than one trade, calling, profession, occupation or business is carried on, transacted or practiced by the same person, corporation or partnership at one fixed place of business, only one license shall be required.

No license issued shall be assigned or transferred to any other person, corporation or partnership without first obtaining permission from the Town of Fountain Hills.

If the business will be conducted within a residential zoning district the Town of Fountain Hills Zoning Ordinance (Chapter 5, Section 5.14, Part A-J) has specific regulations (Section VII) that must be acknowledged prior to commencing business.

A duplicate or replacement business license is available for an additional fee.

BUSINESS LICENSE APPLICATION

(\$50.00 license fee must accompany application)



OFFICE OF THE TOWN CLERK

16705 E. Avenue of the Fountains

Fountain Hills, AZ 85268

Ph: (480) 816-5100

Fax: (480) 837-3145 TTY: 1-800-367-8939

Website: www.fh.az.gov

IMPORTANT: This application must be **approved before** you may lawfully engage in business in the Town of Fountain Hills. A separate license is necessary for **each** business location.

(Please print legibly or type the information on this application)

Check one: →	<input type="checkbox"/> New Business to Fountain Hills <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change	TERM OF LICENSE – Choose one: <input type="checkbox"/> One Year OR <input type="checkbox"/> One week <input type="checkbox"/> Three Months <input type="checkbox"/> Six Months		
SECTION 1: BUSINESS INFORMATION		OFFICE USE ONLY		
Legal Business Name:		Payment (check one) <input type="checkbox"/> Cash <input type="checkbox"/> Check # <input type="checkbox"/> Credit Card		
Doing Business As (DBA) (Example Mel's Diner Inc):		Amount \$ _____		
Physical Location of Business (Street, City, State, Zip Code) - do not use a P.O. Box or Route Number (if business is located within the Town of Fountain Hills borders please complete Section VI) Actual location where business is conducted or, if rental property, where property is located. If more than one rental property, enter one address on this application and attach supplement listing all others in Fountain Hills.		Date: _____		
Business Phone Number:		Business Fax Number:		
Social Security Number (Sole Proprietors) or Federal Employer Identification Number (FEIN) issued by the Internal Revenue Service (IRS):				
AZ Sales Tax/TPT # (Issued by the Arizona Department of Revenue for businesses with taxable activity):		Applicant Email:		
Start Date of Business/Activity in Fountain Hills:				
SECTION II: MAILING ADDRESS & PHONE NUMBER				
Business Mailing Address (if different from above):				
Name and Title of Point of Contact for the Business (Example, owner, manager, accountant, etc.):		Contact Phone Number:		
SECTION III: BUSINESS OWNERSHIP & TAX RECORDS LOCATION (check applicable box)				
Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP	<input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corporation <input type="checkbox"/> Association <input type="checkbox"/> Trust	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____		
Owners, Partners, LLC Members, or Officers (For additional names, please attach list) List owners, principal partners/officers of business with home addresses and telephone numbers				
Name (First, MI, Last)	Title	Complete Residential Address	Telephone Number	
Location of the Tax Records (Street Address, City, State and Zip Code) if different from business location Enter address of where records are kept (example, accountant, home office) if different from business location				
Name	Address	City	State, Zip Code	Telephone Number

SECTION IV: BUSINESS TYPE (also complete Section VI if business is located in Fountain Hills)

Describe Nature of Business:	AZ Contractors/ROC Lic #
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CLASSES OF ACTIVITY Mark your business activity or multiple activities at any one location.		
<input type="checkbox"/> Construction	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Residential Rental	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Transportation	<input type="checkbox"/> Manufacturing or Industrial
<input type="checkbox"/> Service Only	<input type="checkbox"/> Utility	<input type="checkbox"/> Other (describe)

Do you sell, store or handle any hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach itemized list showing quantity and attach MSDS sheets for each.
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SECTION V: BUSINESS PREMISES STATUS (if this business is also a Fountain Hills residence Section VI is required)

Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate square footage of business:	
Landlord/Property Manager Name:	Landlord Address:
Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:

SECTION VI: FOR ALL BUSINESSES LOCATED WITHIN FOUNTAIN HILLS INCLUDING HOME OCCUPATIONS

Fountain Hills Business Street Address: _____

To speed the processing time of your business license request, please address each of the following items in the space provided.

☐ What is the zoning district where this business is located?

☐ In a brief narrative, describe the business as it will be operated in Fountain Hills.

M T W T F S S _____ a.m. _____ p.m.
M T W T F S S _____ a.m. _____ p.m.

☐ Provide the planned days and hours of operation.

☐ Provide a description of any outside storage utilized in the business operation, a description of what is stored and where on the property.

☐ Describe any planned signage, dimensions and location (refer to Chapter 6 of Fountain Hills Zoning Ordinance for specifications and regulations).

☐ Will there be alcohol sales or distribution? If yes, have you applied with the Arizona Department of Revenue for a liquor license?

Alcohol Sales

Y/N

☐ Please provide the type of liquor license applied for.

- ☐ Describe any anticipated high noise levels. _____
- ☐ Will there be any detectable odors generated by the business? If so, describe. _____
- ☐ Provide information on the frequency of deliveries. _____
(times per hour/day/week/month)
- ☐ Describe any special trash considerations for the business. _____
- ☐ Describe any outside business activities.

SECTION VII: BUSINESS HOME OCCUPATION REQUIREMENTS

The Town of Fountain Hills Zoning Ordinance (Chapter 5, Section 5.14, Part A–J) requires that anyone conducting a business activity out of their home must comply with the following regulations:

- A. Such occupation shall be clearly incidental and subordinate to the use of the property and dwelling unit for dwelling purposes, shall be conducted entirely within the dwelling or garage, and shall not change the residential character thereof. Carports, accessory buildings, and yards may not be used.
- B. There shall be no more than twenty-five (25) percent of the gross floor area of the dwelling devoted to this occupation.
- C. There shall be no employees other than members of the immediate family residing in the dwelling unit where the home occupation is being operated.
- D. No business shall be conducted which requires delivery vehicles or other services not customary to a residence.
- E. There shall be no external evidence of the activity such as outdoor storage, displays, noise, dust, odors, fumes, vibration, or other nuisances discernible beyond the property lines.
- F. No signs signifying the business or any commercial product or service are allowed. Signs on business vehicles, regardless of their storage, shall not display the address of the home occupation.
- G. Customer/patron and shipping/receiving trip generation shall not exceed five (5) trips a day.
- H. An exception to these requirements shall be made for the operation of a group home for the handicapped and adult care, day care centers, home day care centers, model homes, and swim schools.
- I. Any home occupation desiring to use hazardous materials, as defined in this ordinance, must first secure a special use permit. No home occupation may use hazardous material without a special use permit. Special use permits for the use of hazardous materials will only be issued after the Town and Fire District are assured that proper handling, storage, and disposal safeguards can and will be followed for the health, safety, and welfare of the neighborhood and community.
- J. The following uses that are not permitted as a home occupation include, but are not necessarily limited to, the following: the physical sale or distribution of commodities on the premises and motor vehicle repair. The Planning and Zoning Administrator or his/her designee shall render decisions on home occupations permitted with appeal to the Town Council.

ALL FOUNTAIN HILLS BASED BUSINESS APPLICATIONS ARE REVIEWED BY THE PLANNING & ZONING DEPARTMENT. IF APPLICABLE, THEIR APPROVAL IS REQUIRED PRIOR TO THE ISSUANCE OF YOUR LICENSE.

**RETURN THE APPLICATION WITH THE \$50.00 FEE TO THE BUSINESS LICENSE DIVISION.
(Incomplete forms will not be processed.)**

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town.

Print Name: _____ Title: _____ Today's Date: _____

Signature: _____

Nature of business: _____